

Child Care Center Change Request

FCDJFS #1401-CC (6/09)

Type of Change:

- ☐ Initial ☐ Case Termination
☐ Redetermination ☐ Fee Review
☐ Change

Case Name	First	Middle	Last	Case Number	Requested Start Date of Care
Street Address	City			State	Zip Code
Provider Name	Provider Site or Designation			Provider Vendor Number	
Household Composition	First Name	Last Name	Social Security Number	Month	Date of Birth Day Year
Male Adult					Gender M or F
Female Adult					
1 st Child					
2 nd Child					
3 rd Child					
4 th Child					
5 th Child					
6 th Child					
7 th Child					
8 th Child					

Comments:

PLEASE READ BEFORE SIGNING: The undersigned child care provider hereby certifies that the information contained herein is true and accurate, and understands that it (*child care provider*) will be held responsible for any overpayment that occurs as a result of having provided inaccurate and/or misleading information. (*To be signed by provider using ink*)

The undersigned parent/customer hereby acknowledges that a Child Care Center Change Request form must be signed in order to initiate services, to add children, and/or to change a schedule, and that the failure to sign may delay or prevent the processing of the change. By signing this form, I certify that the information contained herein is true and accurate, and understand that I will be held responsible for any overpayment that occurs as a result of having provided inaccurate and/or misleading information.

My signature below also serves as authorization for (*Provider Name*) to provide FCDJFS with information necessary to determine eligibility for publically funded child care, and/or to monitor or evaluate the delivery of said care. Any information shared pursuant to this document shall remain confidential according to state and federal law. This authorization shall remain in effect, as needed, unless revoked by me in writing. (*To be signed by parent/customer using ink*)

Provider Signature	Date
Provider Name PRINTED	Telephone Number
Parent/Customer Signature	Date
Parent/Customer Name PRINTED	Telephone Number

Distribution: Original - FCDJFS, Yellow - Parent/Customer, Pink - Child Care Provider

